

Request for Inclusion or Revision to an Administrative Directive

Connecticut Department of Correction

CN 1301 REV 07/25/16

Title: PREA Incident Check Sheet for sexual Harassment Administrative Directive Number: CN 61202 I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation): Please add: Obtain written statement from alleged victim and aggressor as soon as possible. This would greatly benefit the investigative process by ensuring statements from both parties are included in the incident package. See attached documents ORIGINATOR Date: 8/1/17 Title: Captain Name: Timothy Fusaro Facility/Unit: PREA Unit Signature: MARIA UNIT/DISTRICT/DIVISION RECOMMENDATIONS Denied Approved Date: X Unit Administrator's signature: District Administrator's signature: Date: (only needed if originating from facility) Division Administrator's signature: Reviewed by: Office of Standards and Policy Staff signature: COMMISSIONER'S DECISION Effective date of request: **✓** APPROVED DENIED This request is: The language/provisions of this inclusion/revision shall be effective as of and Date: subsequently added to the Administrative Directive at the next update: Date: This inclusion/revision shall be added to the Administrative Directive prior to: This inclusion/revision shall be added immediately to the Administrative Directive. Date: 8 Commissioner's signature:



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Administrat	Administrative Directive Number: CN 61201 Title: PREA Incident Check Sheet					
☐ I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation):						
Please Change line seven to:						
Obtain written statement from alleged victim and aggressor as soon as possible.						
This would greatly benefit the investigative process by ensuring statements from both parties are included in the incident package.						
☐ See attached documents						
ORIGINATOR						
Name: Timothy Fusaro			Title: 0	Captain	Date: 8/1/17	
Signature: Capt. I'm Fusart			Facility/Unit: PREA Unit			
UNIT/DISTRICT/DIVISION RECOMMENDATIONS						
Approved Denied						
		Unit Administrator's signature: D. M. M.			Date: 8 2 17	
		District Administrator's signature: (only needed if originating from facility)			Date:	
A		Division Administrator's signatu	Date: 8/3/17			
Division Administrator's signature: Reviewed by: Office of Standards and Policy Staff signature:					Date: 8/1/17	
COMMISSIONER'S DECISION						
This request is:						
The language/provisions of this inclusion/revision shall be effective as of and subsequently added to the Administrative Directive at the next update:					Date:	
This inclusion/revision shall be added to the Administrative Directive prior to:					Date:	
This inclusion/revision shall be added immediately/to the Administrative Directive.						
	Commissioner's signature: Date: 8/7/17					